

Full name of second joint inventor, if any \_\_\_\_\_  
 Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Residence \_\_\_\_\_ Citizen \_\_\_\_\_  
 Post Office Address \_\_\_\_\_

29245-5/KC12,657.3  
Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:  
Wayne C. Sigl

Group Art Unit: Unassigned

Serial Number: Unassigned

Examiner: Unassigned

Filed: Concurrently herewith

For: LABIAL PAD

CUSTOMER NUMBER &  
CORRESPONDENCE ADDRESS

Hon. Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Here is the correspondence address which relates to the below customer number and  
Application:

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Respectfully submitted,  
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Customer Number:



23482

December 31, 2001  
Appleton, Wisconsin

PATENT TRADEMARK OFFICE